

**NEVADA DEPARTMENT OF AGRICULTURE
DIVISION OF MEASUREMENT STANDARDS
BUREAU OF WEIGHTS AND MEASURES**

NORTHERN OFFICE
2150 FRAZER AVENUE
SPARKS, NV 89431
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SOUTHERN OFFICE
2300 MCLEOD
LAS VEGAS, NV 89104
PHONE: (702) 668-4546
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REGISTERED SERVICE AGENCY APPLICATION

Business Name _____ Federal Tax ID # _____
Address, City State, Zip _____
Contact Person _____ RSA # _____
Phone # _____ Email _____ Seal ID # _____

Check Type of devices your agency has test standards for and is qualified to service, repair or install:

____ SCALES/CAPACITY _____ METERS/TYPE _____
____ RETAIL FUEL DISPENSERS _____ METERS/LPG _____

List the service/repairmen in your employ authorized by your firm to install or repair weighting, measuring or metering devices in the State of Nevada.

NAME	HOME ADDRESS	HOME PHONE NUMBER	YRS EXPERIENCE

List all test standards and equipment Below

Test Standards	Serial No. or ID No.

I CERTIFY THAT WE HAVE THE NECESSARY STANDARDS AND TESTING EQUIPMENT TO SERVICE THOSE DEVICES FOR WHICH WE ARE REQUESTING REGISTRATION. WE HAVE FULL KNOWLEDGE OF THE APPLICABLE LAWS, SPECIFICALLY NRS 581 AND NAC 581. I CERTIFY THAT I WILL OPERATE IN ACCORDANCE WITH SAID LAWS AND RULES AND THAT I MAY ONLY USE STANDARDS OR TESTING EQUIPMENT THAT HAS BEEN CERTIFIED.

SIGNATURE _____ DATE _____

OUT OF STATE COMPANIES: If your standards have been certified in a state other than NEVADA, enclose a copy of the certification report.

Placed in Service Procedures

To all Registered Service Agents/Agencies:

Nevada Administrative Code 581 specifically requires that any repair, adjustment or installation of a device must be reported to Weights and Measures within a certain time frame. This enables us to effectively schedule tests and inspections of new or repaired equipment in a timely and efficient manner.

In the past, many RSA's have not bothered to follow these requirements. Excerpted from NAC 581:

NAC 581.370 Duties of repairman. (NRS 581.050, 581.067) A person who installs or makes a repair or adjustment to a weighing or measuring device shall:

1. **Within 24 hours after installing the device or making the repair or adjustment to the device, notify the State Sealer of Weights and Measures by oral communication** that the device has been installed or that the repair or adjustment has been made; and
2. **Within 5 days after installing the device or making the repair or adjustment to the device, submit to the State Sealer of Weights and Measures a written notification of the installation, repair or adjustment on a form prescribed by the State Sealer of Weights and Measures.**

Beginning 1 January 2010, for failure to inform Weights and Measures in any of the above circumstances, a fine of \$25.00 for each device will be imposed upon the RSA.

Example: if the RSA adjusts 10 devices and does not send in a placed in service report within the guidelines above and this is discovered by Weights and Measures inspectors, the RSA will be fined \$250.00.

A subsequent or second violation will be raised to \$50.00, then \$100.00. After the third violation, the RSA may face an administrative hearing.

Registered Service Agency

Registered Service Agent

Date

REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE

Pursuant to NRS 581.1036**

**** Each licensing agency will insert its own applicable NRS section for reference.**

All applicants MUST complete this section. Please select ONE option.

I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.

My Nevada business license number is: _____

I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.

I do NOT have a Nevada business license number.

The **Bureau of Weights & Measures** is not the arbiter of determining whether the applicant needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: <http://nvsos.gov/>

Company Name _____

Address _____

City, State, Zip _____

CHILD SUPPORT INFORMATION

PLEASE MARK THE APPROPRIATE RESPONSE (FAILURE TO MARK ONE OF THE THREE WILL RESULT IN DENIAL OF THE APPLICATION).

_____ I AM NOT SUBJECT TO A COURT ORDER FOR THE SUPPORT OF A CHILD.

_____ I AM SUBJECT TO A COURT ORDER FOR THE SUPPORT OF ONE OR MORE CHILDREN AND AM IN COMPLIANCE WITH THE ORDER OR AM IN COMPLIANCE WITH A PLAN APPROVED BY THE DISTRICT ATTORNEY OR OTHER PUBLIC AGENCY ENFORCING THE ORDER FOR THE REPAYMENT OF THE AMOUNT OWED PURSUANT TO THE ORDER; OR

_____ I AM SUBJECT TO A COURT ORDER FOR THE SUPPORT OF ONE OR MORE CHILDREN AND AM NOT IN COMPLIANCE WITH THE ORDER OR A PLAN APPROVED BY THE DISTRICT ATTORNEY OR OTHER PUBLIC AGENCY ENFORCING THE ORDER FOR THE REPAYMENT OF THE AMOUNT OWED PURSUANT TO THE ORDER.

SIGNATURE OF APPLICANT

PRINT APPLICANT NAME

DATE